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22913	7590 12/1-	4/2009	hav	e its own certificate of	f mailing or transmission.	ent or formal drawing, must	
Workman Nydegger 1000 Eagle Gate Tower 60 East South Temple Salt Lake City, UT 84111				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Sait Lake City,	U1 84111					(Depositor's name)	
						(Signature)	
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APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		A	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/786,186 02/25/2004		Hugh S. West JR.		· · · · · · · · · · · · · · · · · · ·	14000.8.1.1 2078		
TITLE OF INVENTION	N: SUTURE SEPARATI	ON AND ORGANIZATI	ON DEVICES FOR USE V	WITH GRAFT TENS	IONING DEVICE		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/15/2010	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
GEORGE, TARA R		3733	606-072000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	pe)			
		ified below, no assignee pletion of this form is NO	-	=		ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
HS WEST INVESTMENTS, LLC Salt Lake City, UT							
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual \(\bigcirc \) Corpo	oration or other private gro	oup entity Government	
	are submitted: No small entity discount p # of Copics	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-31/8 (enclose an extra copy of this form).				
5. Change in Entity Sta	tus (from status indicates s SMALL ENTITY state	•	h Applicant is no lone	rer claiming SMALI	ENTITY status. See 37 CF	SD 1.27(a)(2)	
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepted	d from anyone other than th			177	
interest as snown by the	/) In	ites Patent and Trademark	Office.				
Authorized Signature	_//////		· · · · · · · · · · · · · · · · · · ·	Date <u>Fe</u>	bruary 9, 2010	·	
Typed or printed nam		M. Guynn		Registration No.			
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